

Yule 204

entered in Block 1 under
"FEB. ADDRESS" for n
79 AUG 20 1990
CORRESPONDENCE
PAT. & TRADEMARK OFF.

<p>79 CORRESPONDENCE ADDRESS</p> <p>AUG 26 1990</p> <p>PAT. & TRADEMARK OFF.</p> <p>SPRING HORN PAPER & MFG CO 1140 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036</p>	<p>2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)</p> <p>INVENTOR'S NAME (Last, first, middle initial)</p> <p>Street Address</p> <p>City, State and ZIP Code</p>
<p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><i>Chen</i></p>	<p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
D-1810 F.E.S. 19A7496	0001	BOEHLING	183	05/21/90
First Named Applicant:	(S. ENGEL)			

TITLE OF INVENTION
USE OF 3'-DEOXYTHYMIDIN-2'-ENE (3'-DEOXY-2',3'-DIDEHYDROTHYMIDINE) IN TREATING PATIENTS INFECTED WITH RETROVIRUSES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2004-0948	514-050-000	F74	UTILITY	NO	\$620.00	08/24/00

<p>3. Further correspondence to be mailed to the following:</p>	<p>4. For printing on the patent page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</p>
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
(1) NAME OF ASSIGNEE: YALE UNIVERSITY		6b. The following fees should be charged to: _____ (Minimum of 10)	
(2) ADDRESS: (City & State or Country) New Haven, Connecticut		DEPOSIT ACCOUNT NUMBER 19-3869 (Enclose Part C)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Connecticut		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees _____ (Minimum of 10)	
A. <input type="checkbox"/> This application is NOT assigned.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Signature of party in interest of record) _____ (Date) _____	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		B. <i>Ronald Horn</i> 8-17-90	

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